

## STATE OF MONTANA DEPARTMENT OF LABOR AND INDUSTRY BUILDING CODES BUREAU 301 S PARK, 4<sup>th</sup> FLOOR PO BOX 200513

HELENA, MONTANA, 59620-0513 Phone: (406) 841-2300 Fax: (406) 841-2363

FOR COMPLIANCE USE ONLY			
Complaint #			
Date Received:			

COMPLAINT AGAINST:	LICENSE #:			
PROFESSION / OCCUPATION TYPE:				
BUSINESSES:				
ADDRESS:Street or PO Box	/	State	Zip Code	
If Applicable: PATIENT NAME:				
NATURE OF COMPLAINT: Please describe in detail information. If service is part of the complaint, give informationsheet(s), if necessary. (Maximum characters: 950)				
LIST OF WITNESSES AND EVIDENCE:				
WHAT ACTION ARE YOU REQUESTING OF THE B	SOARD OR DEPART	MENT?		
YOUR NAME (complainant):Please Print		PHONE#:		
Please Print  YOUR ADDRESS (complainant):				
YOUR ADDRESS (complainant):  Street or PO Box		City/State	Zip Code	
YOUR SIGNATURE:	DA1	ΓE:		
I hereby authorize that all of my protected health in providers and that all of my health information mail furnished to the above-named licensing board and/ until the licensing board has concluded all actions c	ntained by any and a for its agents. This at	all of my healthd uthorization sha	are providers be	
COMPLAINANT'S SIGNATURE:		DATE:		